

# New Jersey Division of Pensions and Benefits ENROLLMENT APPLICATION

(Please follow the instructions on page 3 of this form)

**DO NOT WRITE IN THIS BOX** LOCATION NO. MEMBERSHIP NO.

Select Pension Fund: *(Check one)* ☐ Teachers' Pension and Annuity Fund ☐ Public Employees' Retirement System

## APPLICANT INFORMATION: *(Please Print or Type)*

1. Name: \_\_\_\_\_  
*Last*
*First (no nicknames)*
*Middle*
*Maiden Surname and Surname Used During Previous Membership*
2. Address: \_\_\_\_\_  
*Street*  
*City*
*State*
*Zip Code*
3. Social Security #: \_\_\_\_\_ 4. Gender: ☐ Male ☐ Female
5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 6. Daytime Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
*Month*
*Day*
*Year*
7. (For Elected Official ONLY) Veteran Status: (a) Date of Induction \_\_\_\_\_ (b) Date of Discharge \_\_\_\_\_
8. Is the applicant receiving a benefit from a New Jersey State-administered or local New Jersey retirement system at this time?  
☐ Yes ☐ No  
 (If "Yes", please provide retirement system name)

## EMPLOYER INFORMATION *(Please Print or Type):*

9. Employer Name: \_\_\_\_\_
10. County: \_\_\_\_ 11. Location #: \_\_\_\_\_ Bureau #: \_\_\_\_\_ Payroll #: \_\_\_\_\_  
*If Applicable*
*State Loc Only*
12. Title/Position of Applicant: \_\_\_\_\_
13. Is the applicant currently employed by more than one public employer? ☐ No ☐ Yes *(If "Yes", please provide name of employer(s))*

### 14. (To be completed for TPAF applications only)

- (a.) Date Employment Began: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Do not include temporary or substitute service)  
*Month*
*Day*
*Year*
- (b.) Does position require a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education? ☐ Yes ☐ No
- (c.) Does the applicant hold a certification issued by the State Board of Examiners within the NJ Department of Education?  
☐ Yes ☐ No
- (d.) For NJ Department of Education Only: Is the position Unclassified Professional? ☐ Yes ☐ No

### 15. (To be completed for PERS applications only)

- (a.) Date Employment Began: \_\_\_\_/\_\_\_\_/\_\_\_\_ (b.) Date of Regular or Permanent Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Month*
*Day*
*Year*
*Month*
*Day*
*Year*
- (c.) Is the applicant still considered temporary or provisional? ☐ Yes ☐ No

16. Current Annual Base Salary \$ \_\_\_\_\_ 17. (Check one) ☐ 10-Month Position ☐ 12-Month Position

## EMPLOYER CERTIFICATION

18. Name of Human Resources Representative Completing Application: \_\_\_\_\_
19. Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Ext.: \_\_\_\_\_
20. Certifying Officer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Print Name*
*Signature*
*Month*
*Day*
*Year*

**Note: If this application is not submitted on a timely basis, a late employer liability may be assessed.**

**DESIGNATION OF BENEFICIARY****TO BE COMPLETED BY THE MEMBER**

Before submitting the *Designation of Beneficiary* form, carefully read the information given on the last page, and be sure to complete the items indicated below. Failure to complete this form totally and accurately may jeopardize the payment of benefits upon your death.

1. Member information - PRINT your full name.
2. Indicate your Social Security number.
3. Nominate your beneficiary(ies) to your group life insurance and pension benefit — PRINT the full name of your primary beneficiary(ies) and contingent beneficiary(ies). If this section is not completed, this benefit will automatically default to your estate.
4. Member signature - Make sure to sign and date this form.

**1. Print Your Full Name:** \_\_\_\_\_

**2. Social Security Number:** \_\_\_\_\_

**3. GROUP LIFE INSURANCE AND PENSION BENEFIT (Return of Contributions)**

**Primary Beneficiary(ies)**

| Beneficiary Name(s) | Relationship | Birth Date | SS# (Optional) |
|---------------------|--------------|------------|----------------|
| 1. _____            | _____        | _____      | _____          |
| Address _____       |              |            |                |
| 2. _____            | _____        | _____      | _____          |
| Address _____       |              |            |                |
| 3. _____            | _____        | _____      | _____          |
| Address _____       |              |            |                |

**Contingent Beneficiary(ies) - If Primary Beneficiary is not living at my death; payment is to be made to:**

| Beneficiary Name(s) | Relationship | Birth Date | SS# (Optional) |
|---------------------|--------------|------------|----------------|
| 1. _____            | _____        | _____      | _____          |
| Address _____       |              |            |                |
| 2. _____            | _____        | _____      | _____          |
| Address _____       |              |            |                |
| 3. _____            | _____        | _____      | _____          |
| Address _____       |              |            |                |

If you choose a distribution of benefits other than the standard "share and share alike," or if you are naming a minor, using a trust agreement, or nominating a domestic partner, please refer to Fact Sheet #68, *Designating a Beneficiary*, before completing this form. You may obtain this fact sheet from our Web site at: [www.state.nj.us/treasury/pensions/fact68.htm](http://www.state.nj.us/treasury/pensions/fact68.htm)

**PLEASE BE ADVISED: If you pass away without having completed this form, ALL benefits will be payable to your estate.**

**4. Signature of Member** \_\_\_\_\_

**Date** \_\_\_\_\_

# ENROLLMENT APPLICATION INSTRUCTIONS

(This application to be completed by enrolling employer)

## APPLICANT INFORMATION

1. **Name** — Enter applicant's full name (last, first, and middle initial; no nicknames). If applicant has a previous membership under a maiden or other name, enter that name in the space provided.
2. **Address** — Enter applicant's current mailing address.
3. **Social Security Number** — Enter applicant's Social Security number.
4. **Gender** — Indicate applicant's gender.
5. **Date of Birth** — Enter applicant's date of birth. Proof of age is required at the time of retirement - if available, attach a photocopy of the applicant's proof of age to this application. **Do not delay submitting the *Enrollment Application* if proof of age is not available.** (Acceptable proof of age documents include: birth certificate; passport; naturalization or immigration papers; or certain other records, including baptismal records, military records, census records, school or business records, age recorded on marriage licenses, and insurance or children's birth records.)
6. **Daytime Phone Number** — Enter applicant's daytime phone number and extension (be sure to include the area code).
7. **Elected Official's Veteran Status** — For an elected official who is a veteran with active military service, enter dates of induction and discharge to determine date of enrollment in the system.
8. **Is the applicant receiving retirement benefits** — Indicate if the applicant is receiving a benefit from a New Jersey State-administered retirement system or local New Jersey retirement system, and give the system's name.

## EMPLOYER INFORMATION

9. **Employer Name** — Enter the full employer name.
10. **County** — Enter county in which the employer resides.
11. **Location, Bureau, and Payroll Numbers** — Enter the appropriate location, bureau or payroll number, as applicable. This information should be as reported on your quarterly Report of Contributions (ROC).
12. **Title/Position of Applicant** — Enter title/position of applicant.
13. **Multiple Public Employers** — Indicate whether this applicant is employed by more than one public employer. If you answer "Yes", please indicate the full name of each employer.

### 14. (TPAF applicants only)

- (a.) **Date Employment Began** — Enter the date on which applicant started employment. Do not include temporary or substitute service.
- (b.) **New Jersey Certificate Required** — Indicate whether the title/position requires a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education.
- (c.) **Applicant has New Jersey Certificate** — Indicate whether the applicant holds a New Jersey Certificate issued by the State Board of Examiners within the NJ Department of Education.
- (d.) **Unclassified Professional** — For positions with the NJ Department of Education, indicate if the position is "Unclassified Professional".

### 15. (PERS applicants only)

- (a.) **Date Employment Began** — Enter the date on which applicant started employment.
- (b.) **Permanent Appointment Date** — Enter the date of the applicant's regular or permanent appointment.
- (c.) **Temporary or Provisional** — Indicate if the applicant is still considered a temporary or provisional employee.

16. **Base Salary** — Enter the annual base salary for the year, that is, the annual salary paid to the employee on the date the *Enrollment Application* is certified by the employer. Base salary is the contractual salary of the employee. Base salary should not include bonuses, overtime pay, stipends or longevity pay, or sick or vacation time paid in lump sum. Hourly or per diem rates should not be entered.
17. **10-12 Month Position** — Please indicate whether the position is a 10-month or 12-month position.

## EMPLOYER CERTIFICATION

18. **Name of Person Completing Application** — Print the name of the human resources representative who completes this *Enrollment Application* for the applicant.
19. **Phone Number** — Enter employer telephone number for the person who completed this application (be sure to include the area code and extension).
20. **Certifying Officer** — The Certifying Officer should print his/her name, then **sign and date this application**. Unsigned applications will be returned.

## **DESIGNATION OF BENEFICIARY FORM INFORMATION**

The *Designation of Beneficiary* form allows you to nominate a beneficiary, or beneficiaries, for your group life insurance and pension benefit.

### **GROUP LIFE INSURANCE**

All employees enrolled in either the Teachers' Pension and Annuity Fund or the Public Employees' Retirement System will be entitled to group life insurance coverage. However, if you are age 60 or older at the time of enrollment, you **MUST** prove insurability through a medical examination administered by the Prudential Insurance Company.

### **PENSION BENEFIT**

The pension benefit is the return of your member contributions to your designated beneficiary or beneficiaries. This benefit is paid in a lump sum to your beneficiary(ies).

### **PRIMARY AND CONTINGENT BENEFICIARIES**

Please be sure to designate both primary and contingent beneficiaries. In the event of your death, the primary beneficiary, or beneficiaries, will receive any death benefits that are payable. The contingent beneficiary, or beneficiaries, will receive death benefits **ONLY** if all primary beneficiaries have predeceased you. Unless otherwise stated, all beneficiaries will share and share alike. If no primary or contingent beneficiaries survive you, all death benefits will be paid to your estate.

**You may nominate any of the following as your primary or contingent beneficiary:**

- ♦ A person or persons;
- ♦ An institution, charity, or corporation;
- ♦ Your estate (upon your death, a court ordered surrogate certificate will be required).

## **THE DOs AND DON'Ts OF BENEFICIARY DESIGNATION**

**Do use proper names.** Nicknames are not acceptable. When naming a married female as beneficiary, be certain the proper name is given, e.g. Mary J. Jones, not Mrs. John R. Jones.

**Do use specific names.** The phrase "My children" or "My grandchildren" will not be accepted on your form. Each child must be individually listed using his or her proper name.

**Do make a copy of the *Designation of Beneficiary* form submitted** and periodically review it to make sure all beneficiary information is correct. It is especially important to update this information due to a life event such as a birth, marriage, or death.

**Do use ink.** Completing your *Designation of Beneficiary* form in pencil makes the form unacceptable and a new form will be mailed to you.

**Don't use "white out" or cross out names or relationships to make changes in designation.** This makes the form unacceptable and a new form will be mailed to you.

**Don't name the same person or persons in both the Primary and Contingent Beneficiary sections.** This makes the form unacceptable and a new form will be mailed to you.

## **FREQUENTLY ASKED QUESTIONS**

### **Q. What if I leave a section blank?**

**A.** If no beneficiary designation is in effect at the time of your death, or the designation section is incomplete or blank, payment will be made to your estate. Prior to any benefits being paid to your estate, a surrogate's certificate must be submitted to the Division.

### **Q. I am not comfortable giving my beneficiary's Social Security number. Is it required?**

**A.** The Division of Pensions and Benefits cannot require that you provide your beneficiary's Social Security number; however, providing this number will ensure positive identification of your beneficiary and may ease the processing of your claim.

### **Q. All of my beneficiaries' information will not fit on this application. What do I do?**

**A.** If additional space is required, an attachment sheet is acceptable provided it is signed and dated by you. In addition to the beneficiary information, please be sure to print your name, address, daytime telephone number, and your Social Security number on the sheet.

### **Q. How many times can I change my beneficiary designation?**

**A.** You may change the beneficiary designation for the group life insurance or pension benefit as often as you wish and at any time. A new designation form should be submitted whenever there is a significant life event such as a birth, marriage, divorce, or death.